

- ☒ Letter Contract
☐ Committee

REQUEST FOR REIMBURSEMENT NEBRASKA DEPARTMENT OF EDUCATION

NDE Only 2/2009

MEETING NAME: Nebraska Council on Teacher Education Meeting
MEETING LOCATION: Country Inn & Suites, 5353 N. 27th – Lincoln, NE
DATE(S) OF MEETING: June 10, 2010

Batch #
Document #

AB #

PRINTED NAME	MAILING ADDRESS (where reimbursement will be sent)
SOCIAL SECURITY NUMBER	CITY/STATE/ZIP
OWNER OF VEHICLE (MUST provide if claiming mileage)	LICENSE PLATE NUMBER (MUST provide if claiming mileage)

MEALS – Individual Itemized Receipts Required for amounts above \$4.99

DATE	START TIME / END TIME	BREAKFAST	LUNCH	DINNER	TOTAL
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
	/	\$	\$	\$	\$
TOTAL MEALS REIMBURSEMENT					\$

MILEAGE Provide justification in Comments section if mileage not most direct route.		COMMENTS:		
DATE	START TIME/END TIME	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
	/	FROM	TO	MILES
ACTUAL MILEAGE _____ x \$.50			TOTAL MILEAGE REIMBURSEMENT \$	

MISCELLANEOUS EXPENSES Receipt required for Garage Parking. Receipts not required for parking meters, gratuity/tips for meals or personal services.	
PARKING: \$ _____	TIPS: \$ _____ OTHER: \$ _____ OTHER: \$ _____
TOTAL MISCELLANEOUS REIMBURSEMENT \$	

LODGING (Receipt required unless Direct Billed to the Department per the contract)	\$
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TOTAL PAYMENT DUE CONTRACTOR (Stipend and/or Expenses)	\$
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<i>I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me and declare that is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA. I further certify that I have received a copy of the letter contract.</i>	<i>I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any for use of a privately-owned vehicle, is authorized according to Section 81-1176.</i>
Signature of Contractor _____ Date _____	Signature of Nebraska Department of Education _____ Date _____

BUSINESS UNIT LETTER CONTRACTS _____ .547100 \$ _____ _____ .574600 \$ _____	BUSINESS UNIT _____ .571100 \$ _____ _____ .571600 \$ _____ _____ .571900 \$ _____	BUSINESS UNIT COMMITTEES _____ .574500 \$ _____ _____ .575100 \$ _____ _____ ._____ \$ _____
REF. BATCH # _____	REF. BATCH # _____	REF. BATCH # _____

REIMBURSEMENT PROCEDURES

For **PROMPT** reimbursement, fill out the form completely in pen and sign as indicated. Return completed expense reimbursement document within 5 days to: Marlene Beiermann, Nebraska Department of Education, PO Box 94987, Lincoln, NE 68509-4987. **REIMBURSEMENT REQUESTS RETURNED LATER THAN 60 BUSINESS DAYS AFTER THE EVENT WILL NOT BE PAID BY NDE ACCOUNTING.** (After 60 days, Reimbursement Requests must be submitted to the State Claims Board. The State Claims Board may or may not approve the reimbursement payment.)

RECEIPTS: Please attach the following:

- A) Registration/conference fee receipt.
- B) Original hotel/motel bill with "0" balance or "paid". If lodging is to be direct billed indicate DB on the expense form-a receipt is not required.
- C) **Meals—INDIVIDUAL ITEMIZED RECEIPTS ARE REQUIRED FOR REIMBURSEMENT FOR AMOUNTS ABOVE \$4.99.** (Credit card receipt showing only the total is NOT accepted).
- D) Parking in a Garage or Lot—receipt required for reimbursement. Metered on-street parking costs do not require a receipt.

MEALS: (unless otherwise stipulated in a Letter Contract)

Individual Itemized Meal Receipts Required for Amounts Above \$4.99.* As of May 27, 2009, Individual Itemized Receipts are now required for amounts above \$4.99 for each participant at each meal. A credit card receipt is not acceptable, since the cost of alcoholic beverages will not be reimbursed.

- A) For a trip *without* an overnight stay:
Breakfast — on day of trip, reimbursable **ONLY** if departure time starts on or before 6:30 am.
Lunch — not reimbursable
Dinner — reimbursable **ONLY** if return time ends on or after 7:00 pm.
- B) For trip *with* an overnight stay:
Breakfast/Dinner — same as A (above).
Lunch — reimbursable if:
 - 1. on day of departure IF departure time starts on or before 11:00 am.
 - 2. on day of return IF return time is on or after 2:00 pm
 - 3. all other full days with an overnight stay
- C) Maximum meal allowance:
Statewide, excluding Omaha: \$39.00/day.
Omaha: \$49.00/day Individual Itemized Receipts Required for Amounts Above \$4.99.
Tips for meals need to be included in the **Miscellaneous Expenses** section.

MILEAGE:

- A) Reimbursement is \$.50 per mile. **Central accounting will not accept expense reimbursement documents requesting mileage reimbursement without a license plate number.**
- B) If you drive an institutional/employer owned vehicle you may **NOT** claim mileage for that travel. A separate letter contract will be required and the institution will submit a claim on their letterhead that includes your name, meeting, date of meeting and number of miles at \$.50 per mile.
- C) A member of a committee, when using his or her own vehicle for travel, shall take the most direct route between two points of travel and shall report **ACTUAL** miles driven. Any deviation, alternative routes, multiple stops, or unusual circumstances need an explanation in the **Mileage Comments** section or on a separate piece of paper.
- D) Central accounting will use MapQuest to verify mileage amounts. The Internet address is www.mapquest.com

NOTE: IF YOU ARE USING A BUSINESS/SCHOOL CREDIT CARD FOR EXPENSES AND/OR AUTOMOBILE, THE SCHOOL MUST SEND NDE AN INVOICE FOR REIMBURSEMENT.